

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318

1003

63-038116

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED OCT 10 1963

1. PLACE OF DEATH  
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **St Louis**

Length of stay in lb

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** b. COUNTY

c. CITY OR TOWN **St Louis**

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **Lutheran Hospital**

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
**2260 S Jefferson Ave**

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First **Tobias**

Middle

Last **Vasicek**

4. DATE OF DEATH

Month **Oct**

Day **4**

Year **1963**

5. SEX

**Male**

6. COLOR OR RACE  
**White**

7. Married ☐ Never Married ☐  
Widowed ☐ Divorced ☒

8. DATE OF BIRTH  
**12/19/94**

9. AGE (last birthday)  
**68**

IF UNDER 1 YEAR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Retired Postal Clerk**

10b. KIND OF BUSINESS OR INDUSTRY  
**Post Office**

11. BIRTHPLACE (City and state or country)  
**Czechoslovakia**

12. CITIZEN OF WHAT COUNTRY  
**U S**

13a. FATHER'S NAME

**Joseph Vasicek**

13b. MOTHER'S MAIDEN NAME

**Antonie Kubicek**

14. NAME OF HUSBAND OR WIFE

**Divorced**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

**yes 1917 1919 1921**

16. SOCIAL SECURITY NO.

17. INFORMANT

**Hilda Sirota 4345 Oleatha**

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Cerebral Hemorrhage**

INTERVAL BETWEEN ONSET AND DEATH

**6 days**

DUE TO (b)

**Cerebral Arteriosclerosis**

**5 yrs**

DUE TO (c)

**331X**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐

20a. ACCIDENT ☐

SUICIDE ☐

HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **10/7/63** **1/4/63**, to **10/4/63** and last saw her him alive on **10/4/63**  
Death occurred at **6 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

**Freda Mortensen M.D.**

22b. ADDRESS

**3701 Grandel St**

22c. DATE SIGNED

**10/4/63**

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

**Removal**

**10/7/63**

**National Cemetery**

**Jefferson Brks Mo.**

24. FUNERAL DIRECTOR

ADDRESS

**Moydell Funeral Home 1926 Allen**

25. DATE RECD. BY LOCAL REG.

**OCT 7 1963**

26. REGISTRAR'S SIGNATURE

**Roal Smith, M.D.**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1

2 **223**

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6

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12 **65-0**

13

**65**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Harley F. Jeller Jr*

Licensed Embalmer No.

*4950*

P. O. Address

*St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.